

Case Number:	CM15-0027015		
Date Assigned:	03/18/2015	Date of Injury:	02/26/2014
Decision Date:	04/13/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/12/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is 69 year old male who sustained an industrial injury on 2/26/14 when he fell from a ladder landing on his right knee and felt a snap or pop in his low back. He was sent for x-rays, given medication and referred for therapy. He currently continues to experience ongoing back with radiation into the lower extremities and pain intensity of 8/10; sharp right knee pain with pain intensity of 7/10. He is having sleep difficulties. He is currently not taking medication. Diagnoses include lumbar discopathy; internal derangement of the right knee. Treatments to date include approximately nine sessions of physical and chiropractic therapy without benefit. He had an orthopedic consultation and was recommended to continue with chiropractic treatments. Diagnostics included MRI of the lumbar spine on 4/4/14 which was abnormal; x-rays of the lumbar spine (12/3/14) revealed disc height collapse; x-ray of the right knee (12/3/14) was normal. In the progress note dated 12/3/14 the treating provider recommended physical therapy and use of appropriate pharmacologic agents for symptomatic relief. No medications were dispensed on 12/3/14 and no progress notes were available after the 12/3/14 note.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -pain guidelines and anti-emetics- pg 14.

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Ondansetron) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. In this case, the claimant does not have the above diagnoses and Ondansetron is not medically necessary.